

OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

AUGUST 24, 2006

6246-069-5

AMY DIXON BUZZ TELECOM 8330 LOUISIANA ST MERRILLVILLE, IN 46410-6312

RE BUZZ TELECOM, CORPORATION

DEAR SIR OR MADAM:

ENCLOSED YOU WILL FIND THE LICENSE FOR THE ABOVE NAMED CORPORATION TO TRANSACT BUSINESS IN THIS STATE.

FEES IN THIS CONNECTION HAVE BEEN RECEIVED AND CREDITED.

THIS DOCUMENT MUST BE RECORDED IN THE OFFICE OF THE RECORDER OF THE COUNTY IN WHICH THE REGISTERED OFFICE OF THE CORPORATION IS LOCATED.

SINCERELY YOURS,

JESSE WHITE SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES CORPORATION DIVISION TELEPHONE (217) 782-6961

JW:CD

FORM BCA 12.45/13.6 (rev. Dec. 2003)
APPLICATION FOR REINSTATEMENT
DOMESTIC/FOREIGN CORPORATIONS

Business Corporation Act

Jesse White, Secretary of State Department of Business Services Springfield, IL 62756 217-782-1837 (foreign) 217-785-5782 or 217-782-5797 (domestic) www.cyberdriveillinois.com

Remit payment in the form of a cashier's check, certified check, money order, Illinois attorney's check payable to Secretary of State.

Se	e notes on bac		_					
	Aug 24	7 2004	File # F6246 -	069-5	Filing Fee: \$200	Approved: MR		
	Subr	mit in duplicate ——	Type or Print clearly i	n black ink	- Do not write abo	ve this line		
1.		Name as of date of om, Corporation	Issuance of Certificate of		ocation:	O		
	b. Corporate Name if changed: (See Note 2.)			AUG 2 4 2006				
	c. If a foreign (See Note	corporation having a	authority under an assume	ed corporate refe	JESSE WHITE RETICION, the Ass	ATE sumed Corporate Name		
2.	State of Incorp	poration; Nevada						
3.	Date Certificat	te of Dissolution or	Revocation issued: Febru	ary 1, 2006				
	Name and Address of Illinois Registered Agent and the Illinois Registered Office upon reinstatement: NOTICE: Completion of Item 4 does not constitute a registered agent or office change. (See Note 4.)							
	Registered Ag	ent		istered Agent, Inc.				
			First Name 200 West A	Middle Name	Last Nam	1e /		
	Registered Of	fice Number			te # (P.O. Box alone is unacceptable)			
		Namber	Street			nacceptable)		
			Chicago	L 60606	Cook			
			City	ZIP Code	County			
5.	This application fee and penals	on is accompanied bities required. (See I	by all delinquent report for Note 1.)	ms together with th	e filing fees, franc	chise taxes, license		
	The undersigned corporation has caused this application to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct. (All signatures must be in BLACK INK.)							
	Dated	August 7	2006	B∗ss	Telecom, Corpora	ation /		
		Month & Day	Year	E	cact Name of Corporal	lion		
		Any Authorized Office						
		Keanan Kintzel /	•					
		Name and Title (tv)	e or print)					



FOR YOUR PROTECTION SAVE THIS COPY OF FICIAL CHECK

Customer Copy

907564503

08/07/2006

Indiana

Remitter Buzz Telecom, Inc.

*** 405.50 ***

Secretary of State

Pay To The Order Of

DRINGE JPMORGAN CHASE BANK, N.A. NON NEGOTIABLE

S TE TRANSACTION. TO REPORT A LOSS OR FOR ANY OTHER INFORMATION STITUTION FROM WHICH YOU RECEIVED THE INSTRUMENT.

YEAR OF File Prior to: 2005

STATE OF ILLINOIS FOREIGN CORPORATION ANNUAL REPORT

FILE NO. F 6246-069-5 PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

CORPORATION

ZIP CODE

41-2046438

NOTE: A Change in the registered agent and/or registered office may only be effected by filling form BCA-5.10/5.20. If there have been any

changes in items 6 or 7a; form BCA-14.30 must be completed and submitted in the same envelope.

		Buzz Telecoi	m, Corporation				
1.)	CORPORATE NAME	_ National Reg	istered Agent, In	C.			
	REGISTERED AGENT	000 144 4 4					
	REGISTERED OFFICI CITY, IL, ZIP CODE	=				Sook	
	Cit 1, IL, ZIP CODE	Chicago, IL 6	00000		COUNTY	JUUK	
2.)	Principal address of co	moration: 8380 L	ouisiana Street	Mer	rillville	IN	l 46410
,		Street		Cit			late ZIP Code
3a.)	State or Country of inc	orporation: Nevada	3	3b.) Date	Qualified To Do Busir		
4.)			s & directors MUST be II	sted here!	Addition to DO Dusii	loss III IL. OC	3(c/110C) 0, 200
					4		
							
	FICE	NAME	NUMBER & S		CITY	STATE	ZIP
		ırtis Kintzel	8380 Louisian	a Streeet	Merrillville	IN	46410
		anan Kintzel	same as abov				
		anan Kintzel	same as abov				
-		anan Kintzel	same as abov				
	ector Ku	ırtis Kintzel	same as abov	<u>'e</u>			
Ulli	actor (
5.)	If 51% or more of the s	stock is owned by a m	inority or female, please o	heck appropria	te box M	inority Owned	Female Owned
6.)	Number of shares aut	norized and issued <i>(a.</i>	s of 12/31/2002		٠٠٠ فــا	,	
CLAS	S SE	RIES	PAR VALUE	AUIMADEC	RAUTHORIZED		
)	none	::	0,000	<u> </u>	IUMBER ISSUED
		<u> </u>	Hone	10	7,000		10,000

							·
							
IMPO	RTANT! Whenever the	amount in item 6 or 7	a differs from the Secreta	rv of State's red	cords, form BCA 14 30	must be compl	eted
7a.)	The amount of paid-in	capital as of	is: \$	1	10,000		••••
					<u></u>		
7b.)	The Paid-in Capital on	record with the Secre	etary of State is: \$		10,0	00 (Paid-in	Capital reflects the sum of
		_	`		, .		ed Capital and Pald-ir accounts.)
-	, 8.) By	Z = 74). Se	c 4	2/2/0	L	
4	· · · ·	orized Officer's Signature		itle)	0 16 6		
	· •		, ,,,	1			ilty of perjury and as a cer, I declare that th
	JRN TO:					annual report, p	ursuant to previsions of th
	e White	ī	TENA O NALION				poration Act, has been and is, to the best of n
	etary of State rtment of Business S	ervices	TEM 8 MUST	BE SIC	SNED!		belief, true, correct, ar
Sprin	igfleld, IL 62756	,				complete.	
	hone (217) 782-7808						
www	.cyberdriveillinois.com	n					
	(PLEASE	COMPLE	TE THE REV	/ERSE	SIDE OF T	HIS RE	PORT)
	•				0.0		
PRES	SIDENT			•			
SEC	RETARY				-		
IF TH	IE ABOVE OFFICERS	NAMES AND ADDRE	ESSES ARE MISSING OF	D LIANCE			
CHA	NGED, ENTER ONLY	THE ADDITIONS OR	CORRECTIONS BELOW	HAVE			File No.
PRE	SIDENT	15	0.700		····		· · · · · · · · · · · · · · · · · · ·
SECI	NAA RETARY	1E ·	STREET ADDRESS	С	ITY	STATE	ZIP CODE

STREET ADDRESS

ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER IF NOT PRINTED —

	ending	31 December	given for the twelve month perio			
	(day)	(month)	(year)			
	The value of the proper	ty (gross assets)				
	(a) owned by the co	rporation, wherever located, was	***************************************	(a)	\$	
			38	(b)	\$	0
		isiness transacted by the corporation				

	(d) at or from places	s of business in Illinois for the above p	Period was	(d)	\$	0
ALL	OCATION FACTOR	$\begin{array}{ccc} X & \underline{b+d} & = & \underline{\bullet} & \underline{0} \\ \hline a+c & & & \end{array}$	(6 decimal places)	(Write this figure		
10. (a.) ALL property in Illinois.	of the corporation is located in	Illinois and ALL business of the	e corporation is transacted	at or from places o	ofbusiness
(1		on ELECTS to pay franchise to	tax on the basis of 100% of it	s total paid-in capital.		
Δ	ALLOCATION FACT	OR = <u>1.00000 (Write this fig</u>	ure on line 11b below.)			•
11.		To Item 11.				
	ANNUAL FRANCI	HISE TAX AND FEES		·		
 (a		HISE TAX AND FEES	m 7a from the			
	.) Total Paid-in C	HISE TAX AND FEES	m 7a from the of 7a or 7b.)	a.	10,000	
	i.) Total Paid-in Ci other side of re	HISE TAX AND FEES apital (Enter amount from Item uport. If late, enter the greater	m 7a from the of 7a or 7b.) or Item 10 above)		10,000	
(a	Total Paid-in Control other side of re ALLOCATION	HISE TAX AND FEES apital (Enter amount from Ite) sport. If late, enter the greater FACTOR (Enter from Item 9)	of 7a or 7b.)	b.	10,000	
(a (b (c	Total Paid-in Control other side of re ALLOCATION LUCATION	HISE TAX AND FEES apital (Enter amount from Iten port. If late, enter the greater FACTOR (Enter from Item 9 of TAL (Multiply line (a.) by Line	of 7a or 7b.)or Item 10 above)	b. c.	10,000	
(a (b (c (d	Total Paid-in Conther side of re ALLOCATION LUINOIS CAPI Multiply line (c.	HISE TAX AND FEES apital (Enter amount from Item sport. If late, enter the greater FACTOR (Enter from Item 9 to TAL (Multiply line (a.) by Line by .001 (Round to nearest of	of 7a or 7b.) or Item 10 above)	b. C.	0	25
(a (b (c (d (d (e	Total Paid-in Conther side of re ALLOCATION LUINOIS CAPI Multiply line (c. 12.) ANNUAL FRAN The state of the control of t	HISE TAX AND FEES apital (Enter amount from Item sport. If late, enter the greater FACTOR (Enter from Item 9 of TAL (Multiply line (a.) by Line) by .001 (Round to nearest of NCHISE TAX (Enter amount in this late, multiply line (d2.) by	of 7a or 7b.)er (b.)er (b.	b. c. d1.	0	25
(a (b (c (d (d (e	Total Paid-in Conther side of re ALLOCATION LUINOIS CAPI Multiply line (c. I2.) ANNUAL FRANCE If Annual Reports If Annual France Annual France	HISE TAX AND FEES apital (Enter amount from Item sport. If late, enter the greater FACTOR (Enter from Item 9 of TAL (Multiply line (a.) by Line) by .001 (Round to nearest of NCHISE TAX (Enter amount in rt is late, multiply line(d2.) by thise Tax is late, multiply line	of 7a or 7b.)	d1. e1.	0 0 0 d2.	25
(a (b (c (d (d (e (e	Total Paid-in Conther side of recother side of part there of the recother side of part there of the recother side of part there of the part of the p	HISE TAX AND FEES apital (Enter amount from Item sport. If late, enter the greater FACTOR (Enter from Item 9 of TAL (Multiply line (a.) by Line) by .001 (Round to nearest of NCHISE TAX (Enter amount in rt is late, multiply line(d2.) by thise Tax is late, multiply line reof (minimum \$1.00)	of 7a or 7b.)	b. c. d1. an \$25)	0 0 0 d2. 2.50	
(a (b (c (d (d (e (e	Total Paid-in Conther side of recother side of part there of the recother side of part there of the recother side of part there of the part of the p	HISE TAX AND FEES apital (Enter amount from Item sport. If late, enter the greater FACTOR (Enter from Item 9 of TAL (Multiply line (a.) by Line) by .001 (Round to nearest of NCHISE TAX (Enter amount in rt is late, multiply line(d2.) by thise Tax is late, multiply line reof (minimum \$1.00)	of 7a or 7b.)	b. c. d1. an \$25)	0 0 0 d2. 2.50	
(a (b (c (d (d (e (e	1.) Total Paid-in Conther side of recother side of part there is a side of recother side of recoth	HISE TAX AND FEES apital (Enter amount from Item sport. If late, enter the greater FACTOR (Enter from Item 9 of TAL (Multiply line (a.) by Line) by .001 (Round to nearest of NCHISE TAX (Enter amount in rt is late, multiply line(d2.) by thise Tax is late, multiply line reof (minimum \$1.00)	of 7a or 7b.)	b. c. d1. e2.	0 0 0 d2. 2.50 3.00	25 5,50 '5.00

IMPORTANT!

MAKE CHECKS PAYABLE TO ILLINOIS SECRETARY OF STATE.

105.50

+ line (e3.) + line (f.)

If there have been changes in Item 6 or 7, form BCA 14.30 must be executed and submitted with this annual report in the same envelope.

FORM **BCA 12.45/13.6** (rev. Dec. 2003)

APPLICATION FOR REINSTATEMENT

DOMESTIC/FOREIGN CORPORATIONS

Business Corporation Act

Jesse White, Secretary of State Department of Business Services Springfield, IL. 62756 217-782-1837 (foreign) 217-785-5782 or 217-782-5797 (domestic) www.cyberdriveillinois.com

Remit payment in the form of a cashier's check, certified check, money order, Illinois attorney's check payable to Secretary of State.

Se	e notes on back.						
_		File #	Filin	g Fee: \$200	Approved:		
	Submit in duplicate	Type or Print clearly it	n black ink ———— Do	not write ab-	ove this line ————		
1.	a. Corporate Name as of date of Buzz Telecom, Corporation	ssuance of Certificate of	Dissolution or Revocat	ion:			
	b. Corporate Name if changed: (See Note 2.)						
	c. If a foreign corporation having a (See Note 3.)	uthority under an assume	ed corporate name rest	riction, the As			
2.	State of Incorporation: Nevada	·					
	Date Certificate of Dissolution or						
4.	Name and Address of Illinois Registered Agent and the Illinois Registered Office upon reinstatement: NOTICE: Completion of Item 4 does not constitute a registered agent or office change. (See Note 4.)						
	Registered Agent	First Name	Middle Name	Last N	ama		
	Decistored Office	•	dams Street	Lastiv	attic		
	Registered OfficeNumber	Street		Suite # (P.O. Box alone is unacceptable)			
		Chicago	1 60606	Cook	· · · · · · · · · · · · · · · · · · ·		
	<u> </u>	City	ZIP Code	Cou	nty		
5.	This application is accompanied fee and penalties required. (See	by all delinquent report fo Note 1.)	rms together with the f	iling fees, fra	nchise taxes, license		
6.	The undersigned corporation has caused this application to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct. (All signatures must be in BLACK INK.)						
	DatedAugust 7	2006	Buzz To	elecom, Corp	oration		
	Month & Day Any Authorized Office	Year er's Signature	Exac	t Name of Corp	oration		
	Keanan Kintzel /				•		
	Name and Title (to	roe or print\					

Printed by authority of the State of Illinois. February 2006 — 25M — C 89.23